

Maryland Department of Human Resources Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201

Office: 410.767.7871 Fax: 410.333.8408

| CHILD PLACEMENT AGENCY REPORT | | | | | | | |
|---|---|---------------------|--------------------------|-------------------------------------|------------------------|-----------------------------|--|
| Provider Organization: PSI Services III, Inc. | | | | | | | |
| Licensing Agency: DHR Contracting Agency(s): DHR/CFSA/DJS | | | | | | | |
| Name of Chief Administrator: Dr. Sheila Pandit Email: sheilapandit@psifamilyservices.com | | | | | | | |
| License Type: Treatment Foster Care Type of Inspection: Quarterly | | | | | | | |
| Name and Address of CPA Office | | License Capacity | DHR Contract Limit | Census by Placing Agency | License#/ Exp. date | Date of site Inspection | |
| PSI Family Services, Inc. 8301 Professional Place East, Suite 205 Hyattsville, Maryland 20785 | | unlimited | 58 | DHR 26 CFSA 23 DJS 0 | # 00302 07/09/2017 | 10/11/2016 & 10/12/16 | |
| Inspection Summary | | | | | | | |
| Number of Records Reviewed: Youth 9 Staff 0 Foster Parent 3 Adoptive Parent N/A | | | | | | | |
| Number of Interviews: Youth 3 Staff 0 Foster Parent 2 | | | | | | | |
| CPA Office Inspection: Approved | | | | | | | |
| Number of ILP Apartments Inspected: N/A Number of Foster Homes Inspected: 0 | | | | | | | |
| Current COMAR Violation: Yes No _x_ | | | | | | | |
| If Yes, list Cited Violation(s) below: | | | | | | | |
| Violation(s) | Findings | | | | | | |
| 07.02.21.08 A | Case manager and youth signature missing on ITP 2/9 records | | | | | | |
| 07.02.21.08 A (2) 07.02.21.10 D | Missing youth signatures on case plans 2/9 records Missing foster parent notes 2/9 records | | | | | | |
| 07.02.21.10 B | Missing psychiatric evaluation 1/9 records | | | | | | |
| 07.05.02.11 E (9) | Valid driving record missing for foster parent ¼ records | | | | | | |
| Corrective Action Plan: Yes x No If yes, date of CAP: 10/12/16 | | | | | | | |
| Any Violations During Mid or Re-Licensure Periods: Yes No If Yes See Report (s) Date(s): N/A | | | | | | | |
| Complaint Outcome: N/A | | | | | | | |
| Current Status of License: Continued | | | | | | | |
| Licensing Coordinator: Michelle Goines D | ate: | 10/25/20 | 16 Emai | Email: michelle.goines@maryland.gov | | | |
| Program Manager: Richard Berger D | ate | 10/25/20 | 16 Emai | : richard.berger@maryland.gov | | | |